Date Received		Department of Public Safety	Date Approved
		Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov	
Received By			Approved By

Certification Information Request

Personal Information Request (for Individual request only)

Social Security #	Legal Last Name	Legal First Name	Phone Number

Mailing Address of Applicant	City	State	Zip Code

What is the reason for this request?	Email address

Agency Information Request

☐ **Department Certification Roster (For Fire Department Use ONLY)(must submit a list of current personnel in excel format with legal Last Name, First Name, Middle Initial, Address and Date of Birth in different columns. For common names we may request more information.)**

☐ **Other**(explain_____)

Individual Requesting Information

Last Name	First Name	Rank(if Applicable)	Agency Requesting Info

What is the purpose of this request?	How will this information be used?

Authorization for Release of Information

I, (Print Full Name)_____hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

I further authorize all law enforcement agencies, U.S. Military, Federal, State and/or Local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____   **Date:** _____

Cert. Req 12/11